

KNOWLEDGE AND ATTITUDES TOWARDS PATIENT'S RIGHTS AMONG HEALTH CARE PROVIDERS IN PRIMARY CARE HEALTH CENTERS IN BASRAH

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ABSTRACT

Background: Patients are now much aware of what they expect from health care professionals regarding their rights, while the responsibility of healthcare providers is to fulfill this expectation. Little is known about healthcare providers' knowledge and attitude toward patients' rights in Basrah.

Aim: To determine the level of knowledge and attitude of health care providers (physicians and nurses) in primary health care centers in Basrah toward patient rights.

Material and Methods: A sample group of 333 of health care professionals (physicians and nurses) was enrolled from 16 primary health care centers in Basrah city. A self-administered questionnaire inquired about the knowledge and the way in which patients rights are perceived by the sample group.

Results: Slightly more than one third of the participants (36%) knew the patients' rights (40.4% of doctors and 34.2% of nurses). The right to good care and management, privacy and confidentiality of the patients were the best known rights. Despite the poor knowledge of physician on patients' rights, the majority held good attitude toward many of these rights particularly the rights of care and respect (73.7%), privacy and confidentiality (76.8%), and the right to sue authorities about ignorance (70.7%).

KEYWORDS: Health Professionals, Knowledge, Patients' Rights, Basra

INTRODUCTION

Health as a fundamental human right was recognized in the World Health Organization's Constitution stating that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition [1].

Primary health care centers are inherent section of medical and social organization, which should offer the health care for the whole society. In order to offer quality in health care service obedience to criterion of patient's rights in health care is unavoidable [2].

Patient's gratification with the services proposed is one of the important objectives of medical care, which can have substantial impingement on health status of patients. Deprivation of patients' right has a lot of strain for patients and families and may induce impairment to social esteem of the health system [3].

The patient's right is vindication of human right to maintain the gravitas during sickness and special to ensure that patients obtain high quality care and treatment without discrimination [4].

Since 2003 with the democratic changes in Iraq with the partial increase of the awareness, the patient is allowed to criticize more nurses and doctors about the way of care and management.

The Iraqi constitution (2005) in article 31 has guaranteed the health care for any Iraqi citizen and the ministry of health adopted the national statement of patients' rights in collaboration with USAID/Iraq, this statement includes the main patient rights that many countries implemented it and include the right to access information, the right to privacy, sharing decision and the right to health care and treatment [5,6]. So with implementation of this statement, satisfaction can be reached more for patients in primary health care, also the health care providers should have sequester knowledge and stance about the statement of patients right. Little is known about knowledge and attitude of health care providers toward the patients' rights in Basrah. Therefore, this study was conducted to explore to what extent health care providers know about patients rights and what is their attitude toward such rights.

METHODOLOGY

A cross -sectional analytic designed study was conducted for the period from December 2013 to March 2014 in 16 Primary Health Care (PHC) centers in Basrah city which were selected by simple random sampling. The study protocol was approved by the ethical committees of College of Medicine, Basra University and Basra General Health Directorate.

The sample size was calculated assuming 95% confidence level, 50% prevalence of knowledge (for the sake of having larger sample size it was considered taking 50% as appropriate) and a degree of precision of 0.05 [7]. A sample size of 384 individuals including doctors and nurses who have not less than four years work experience in the field of health care was decided upon. The sample size was distributed proportionally between the selected PHC centers.

The participants were aware about the aim of the study and they were informed that participation is voluntary. Verbal consent was taken before the data collection and they were informed that the data will be anonymous and confidential. From the targeted sample of 384 subjects, 333 subject accepted to participate in the study with a response rate of (86.7%).

A structured questionnaire was designed for the purpose of the study to collect data. It consisted of three parts: the first part includes demographic parameters such as age, gender and type of profession (doctor, nurse). The second part included questions on knowledge of the existence of patients' rights list and what are the main rights, and the third part included questions about attitude of health care providers toward different aspects of patients' rights such as the right to access information about his/her health status, the right to obtain second opinion consultation from another physician, the right to be referred to another health service provider, the right to be able to comment and discuss the care and service he/she receives, the right to share decision with his/her doctor about investigations and treatment, and the right to ensue authorities about any ignorance. In this part, a 3-point Likert scale ranging from "1= disagree" to "3= agree" was used to assess respondents' attitude. The data were coded for entry and analyzed using SPSS Statistical Package (SPSS) software for Social Sciences version 19. Data were presented using descriptive statistics in the form of frequencies and percentages. Chi-square test was used to compare the proportions among various groups and a P-value of <0.05 was considered to be statistically significant.

RESULTS

The age of the participants ranged between (25 - 60) years with a mean of 41.35 ± 9.39 years. More than three quarters of the subjects (76.6%) were under 50 years of age. More than half of the sample (58.9%) were females, 29.7% of the participants were doctors and 70.3% were nurses.

When the participants asked in if they had any knowledge about patients rights, 85.6% of them answered "yes" but further assessment of their knowledge revealed that their actual knowledge was only 36%. When they asked to enumerate patients rights, 20.1% numerated correctly only one right and only 2.4% of them numerated the four main rights that had been documented in the national statement of patient's rights (Figure 1).

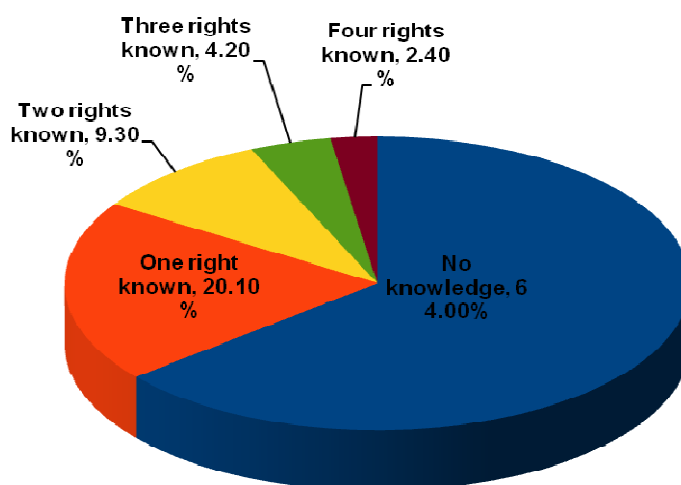


Figure 1: Actual Knowledge of Patient's Rights by Health Care Providers in Primary Health Care Centers

Of the participants, 111 (33.3%) knew the right to health care and treatment, and 49 (14.7%) knew about the right to privacy of the patient's and confidentiality. The least known rights were access to information and decision making which were known by 25 (7.5%) and 17 (5.1%) respectively. Persons who were 50 years or more of age had better knowledge than those who were <50 years but without a significant differences ($P=0.294$). Males showed better actual knowledge than females with a significant difference ($P<0.05$). Doctors had better actual knowledge than nurses but without a significant difference ($P=0.280$) (Table 1).

Table 1: Distribution of Actual Knowledge of Patients' Rights According to Age, Sex, and Profession

Character	Total No.	Actual Knowledge No. (%)	X ² ; P-value
Age (years)			
< 50	255	88 (34.5)	1.100; 0.294
≥ 50	78	32 (41.0)	
Sex			
Male	137	58 (42.3)	4.008; 0.045
Female	196	62 (31.6)	
Profession			
Doctor	99	40 (40.4)	1.166; 0.280
Nurse	234	80 (34.2)	

Doctors showed better knowledge than nurses of the four main patients' rights with a highly significant differences in knowledge of access to information and decision making rights (Table 2)

Table 2: Comparison between Doctors and Nurses According to their Knowledge of Each Right

Right	Doctor (n=99) No. (%)	Nurse (n- 234) No. (%)	X ² ; P-Value
Right of care	39 (39.4)	72 (30.8)	2.329; 0.127
Privacy	20 (20.2)	29 (12.4)	3.380; 0.066
Access to information	14 (14.1)	11 (4.7)	8.929; 0.003
Decision making	10 (10.1)	7 (3.0)	7.258; 0.007

Table 3 presents the attitude of doctors and nurses toward patients rights.

Doctors showed significantly better attitude toward patients' rights than nurses

Doctors showed better attitude than nurses towards all the rights which were asked upon. In particular, doctors agreed significantly regarding the patient's right of compassionate and respectful care, and the right of privacy (73.3% and 76.8% respectively). Lower percentages of doctors agreed about the patient's rights in decision making, the right of asking of opinion of another physician, the right to be referred to another health service provider, and the patient's right to be informed about treatment plans and complications (22.2%, 43.4%, 31.3%, and 56.6% respectively).

Table 3: Attitude of Doctors and Nurses toward Patients Rights

The Patient has the Right for the following	Doctor N (%)	Nurse N (%)	X ² ; P- Value
To receive compassionate and respectful care			
Agree	73 (73.7)	92 (39.3)	33.069 <0.001
Don't know	6 (6.1)	28 (12.0)	
Disagree	20 (20.2)	114 (48.7)	
To ask for opinion of another physician			
Agree	43 (43.4)	47 (20.1)	19.445; <0.001
Don't know	8 (8.1)	22 (9.4)	
Disagree	48 (48.5)	165 (70.5)	
To be referred to another health service provider			
Agree	31 (31.3)	32 (13.7)	15.024; 0.001
Don't know	4 (4.0)	20 (8.5)	
Disagree	64 (64.7)	182 (77.8)	
Making decisions about treatment and investigations			
Agree	22 (22.2)	25 (10.7)	13.521; 0.001
Don't know	0 (0.0)	16 (6.8)	
Disagree	77 (77.8)	193 (82.5)	
Privacy protection and ensure confidentiality of information			
Agree	76 (76.8)	126 (53.8)	17.526; < 0.001
Don't know	2 (2.0)	28 (12.0)	
Disagree	21 (21.2)	80 (34.2)	
Patients to be informed about their treatment plans and complications			
Agree	56 (56.6)	78 (33.3)	15.024; <0.001
Don't know	2 (2.0)	11 (4.7)	
Disagree	41 (41.4)	145 (62.0)	
The right to sue the authorities upon their ignorance			
Agree	70 (70.7)	115 (49.1)	13.134; 0.001
Don't know	3 (3.0)	14 (6.0)	
Disagree	26 (26.3)	105 (44.9)	

DISCUSSIONS

The findings of this study indicate that a larger proportion of the medical staff have heard or read about the bill of Patient's Rights, but few of them had a good actual knowledge of these rights. Of the study population, 85.6% believed that they knew the patients' rights but only 36% of the participants knew at least one of the patients' rights bill, and just 2.4% of them knew the main four rights. These results confirm that there may be problems in practical implementation of the bill of patient's rights, as clear discrepancies exist between what they think to know and what they actually know. This result is similar to that reported by others in developing countries.

Razavi et al (Iran) that showed only 14.3% of the doctors knew the patients' rights while 88.6% of them believed they were following the charter completely [8]. Al Ghanim (Saudi Arabia) revealed that one third of the health care providers (Doctors and nurses) did not know about the existence of the patients' bill of rights [9]. Hakan Ozdemir et al (Turkey) reported that 51% of midwives and nurses admitted that they had not read any legislation related to patients' rights [10].

The level of knowledge of the health care providers in different areas indicated that the highest level of knowledge 33.3% was in the area of right to health care and treatment and the lowest level was the right to share decision 5.1%. In consistent with results of this study, results of another study conducted in Saudi Arabia [11] showed that the best known rights were the rights of treatment with care and respect, and right of privacy and confidentiality. The reason for this could be that some rights are embedded in treatment processes or they are basic human rights and not for debate, so health care providers are fully aware of them [12].

Although the physicians' knowledge of patient's rights was low in this study which agrees with that reported by Davati et al (Tehran) [13], Lopez(Mexico) [14], and Ozdemir et al (Turkey) [15], it was better than that of nurses (40.4% vs 34.2%). A result which had been reported by others [16,17]. Mohammadi M. [17] determined the reasons of the nurses low level of knowledge as lack of institutionalization and regulation of the rights; lack of adequate time for studying and researching due to various obstacles such as poor economic conditions; lack of positive vision in selecting nursing profession; tough job conditions in the hospitals such as large number of the patients versus staff shortages, and lack of necessary facilities such as adequate and suitable libraries.

Despite the poor knowledge of physicians about the patients' rights, they showed good awareness and attitude regarding some patients' rights. Being aware of patients' rights is not necessarily accompanied by practical protection of such rights due to existence of external interfering factors which are out of physicians control in many cases [18]. In addition to lack of public knowledge, insufficient legal and managerial support and resource limitations, disregard of nurses' and physicians' own professional rights, such as adequate salary, proper staff/patient ratio and a safe work environment, and the significant role of the family were identified as other factors affecting patients' rights practice [19].

There was a discrepancy in physicians' attitudes regarding some rights. They were more aware and agreed most about the basic rights such as respect, privacy and confidentiality, but they were less aware about the rights which are related to decision making, the right of second opinion, and referral to other health service. In consistent with results of this study, results of another study conducted in Lithuania, Finland [20] revealed that (50.2%) of physicians agreed with the statement that patients being informed about the diagnosis, medical treatment results and treatment methods was necessary. Similarly in Singapore, a survey of medical professionals showed that 16.1% did not explain the benefits of the proposed

treatment, 17% did not discuss the alternatives available and 29.8% fared poorly in ensuring the confidentiality of medical records [21].

It seems that the awareness level is higher for those items of patients' rights which violating them could lead to filing lawsuits against physicians and medical personnel. In addition, due to the dominant paternalistic medicine in which medical professionals hold the authority to make every decision on behalf of their patients, so granting some rights to patients may make physicians think that it can limit their authority [13]. Organizational culture and health institute rules and regulations may prohibit the patient accessibility to medical records. Lack of patients' medical knowledge and an asymmetry of information between medical professionals and patients could also lead to medical professionals refusing to grant this right to patients [11].

CONCLUSIONS

There was a lack of knowledge of patients' rights and areas of unsatisfactory attitudes towards some rights among health professionals in primary health care centers in Basrah. These results implicate a need for further education aimed at healthcare professionals and development of professional training about patients' legal rights.

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